

COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF PUBLIC WELFARE

CERTIFICATE OF COMPLIANCE

This Certificate is hereby granted to CARELINK COMMUNITY SUPPORT SERVICES OF PENNSYLVANIA

To operate CARELINK COMMUNITY SUPPORT SERVICES-TORREY HOUSE

Located at 3520 DARBY ROAD, HAVERFORD, PA 19041

ADDRESS OF SATELLITE SITE ADDRESS OF SATELLITE SITE
ADDRESS OF SATELLITE SITE ADDRESS OF SATELLITE SITE
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To provide Personal Care Homes

The total number of persons which may be cared for at one time may not exceed 17
or the maximum capacity permitted by the Certificate of Occupancy, whichever is smaller. (MAXIMUM CAPACITY)

Restrictions: _____

This certificate is granted in accordance with the Public Welfare Code of 1967, P.L. 31, as amended, and Regulations

55 Pa. Code Chapter 2600: Personal Care Homes

and shall remain in effect from April 8, 2012 until April 8, 2013,
unless sooner revoked for non-compliance with applicable laws and regulations.

No: 100070

Robert E. Robinson

ISSUING OFFICER

R. C. King

DIRECTOR

NOTE: This certificate is issued for the above site(s) only and is not transferable
and should be posted in a conspicuous place in the facility.

PW 628 - 01/11



COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF PUBLIC WELFARE
423 HEALTH & WELFARE BUILDING
7TH & FORSTER STREETS
HARRISBURG, PENNSYLVANIA 17120

ADULT RESIDENTIAL LICENSING

PHONE: (717) 783-3670
FAX: (717) 783-5662

CERTIFIED MAIL – RETURN RECEIPT REQUESTED
MAILING DATE: APR 13 2012

Mr. Chris Swallow, Administrator
Carelink Community Support Services of Pennsylvania
Baldwin Tower
1510 Chester Pike, Suite 600
Eddystone, Pennsylvania 19022

RE: Carelink Community Support Services – Torrey House
3520 Darby Road
Haverford, Pennsylvania 19041

Dear Mr. Swallow:

As a result of the Department of Public Welfare's licensing inspection on February 28, 2012 of the above personal care home, the violations with 55 Pa.Code Ch. 2600 (relating to Personal Care Homes) specified on the enclosed Violation Report were found.

All violations specified on the enclosed Violation Report must be corrected by the dates specified on the Violation Report and continued compliance with 55 Pa.Code Ch. 2600 must be maintained. As soon as each violation is corrected, notify the Department's Regional Office of Adult Residential Licensing so that compliance can be verified.

A regular license is being issued based on the enclosed Violation Report. Your license is enclosed.

Sincerely,

A handwritten signature in cursive script that reads "Ronald Melusky" followed by a flourish.

Ronald Melusky
Director

Enclosures
License
Violation Report


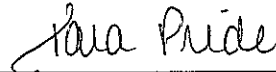
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MAR 26 2012

VIOLATION REPORT
PERSONAL CARE HOMES – 55 Pa.Code Chapter 2600

Adult Residential Licensing
 Page 1 of 23


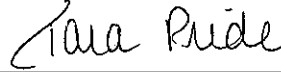
Class of Violation	Time Period for Correction (from receipt of Violation Report)
I	24 hours
II	5 calendar days
III	15 calendar days

NAME AND ADDRESS OF PERSONAL CARE HOME Carelink Community Support Services – Torrey House 3520 Darby Road, Haverford, Pennsylvania 19041		CURRENT LICENSE NUMBER 100070	
INSPECTION DATE(S) (Include all dates of the inspection) February 28, 2012		REGIONAL REPRESENTATIVE Tara Pride, Lori Gensil	
SIGNATURE OF LEGAL ENTITY 	DATE 3/22/12	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION 	DATE 03/28/12

1 REGULATION 55 Pa.Code § 2600.	2 VIOLATION/CLASS	3 DATE BY WHICH CORRECTION WILL BE COMPLETED	4 PLAN OF CORRECTION (include a step-by-step plan to correct the specific violation, as well as a plan to assure the violation does not recur)	5 DATE COMPLIANCE VERIFIED BY DPW
51 Criminal history checks and hiring policies shall be in accordance with the Older Adult Protective Services Act (OAPSA) (35 P.S. §§ 10225.101-10225.5102) and 6 Pa.Code Chapter 15 (protective services for older adults). 52 Hiring, retention and utilization of staff persons shall be in accordance with the Older Adult Protective Services Act (35 P.S. §§ 10225.101—	Staff person A, hired November 7, 2011, lived outside of Pennsylvania in the last 2 years. The home did not complete an FBI background check for Staff person A.	3/5/12	AN FBI BACKGROUNDS CHECK WAS COMPLETED ON 3/24/12 AND THE VERIFICATION LETTER WAS RECEIVED ON 3/5/12. A COPY OF THE LETTER IS ATTACHED, AND IS LABELED "ATTACHMENT A." IN THE FUTURE, IF THE FBI CHECK IS NOT COMPLETED IN A TIMELY MANNER, THE STAFF PERSON WILL BE REMOVED FROM THE SCHEDULE UNTIL THE LETTER IS RECEIVED.	Steps have been taken to correct violation; full compliance is not verifiable. 3/28/12 Date Initials (DPW)

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10225.5102) and 6 Pa.Code Chapter 15 (protective services for older adults) and other applicable regulations.				

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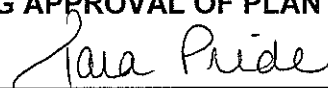
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SIGNATURE OF LEGAL ENTITY <i>Cliff M. Smith</i>	DATE 3/22/12	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>Tara Pride</i>	DATE 03/28/12

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65d Direct care staff persons hired after April 24, 2006 may not provide unsupervised ADL services until completion of the following: (1) Training that includes a demonstration of job duties, followed by supervised practice. (2) Successful completion and passing the Department-approved direct care training course and passing of the competency test. (3) Initial direct care staff person training to include the	Direct Care Staff Person A, hired on November 7, 2011, began providing unsupervised ADL services at the time of hire. The staff person did not complete the Department-approved direct care training course and competency test until January 27, 2012.	2/29/12	THE ADMINISTRATOR WILL ENSURE THAT THE DIRECT CARE TRAINING COURSE IS COMPLETED DURING ON SITE ORIENTATION. THE HOME'S TRAINING CHECKLIST HAS BEEN AMENDED TO REFLECT THIS CHANGE. A COPY OF THE REVISED TRAINING IS ATTACHED AND IS LABELED "ATTACHMENT B."	<p>Steps have been taken to correct violation; full compliance is not verifiable</p> <p><i>SG</i> Date: 03/28/12 Initials (DPW)</p>

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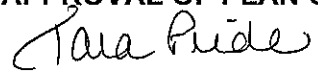
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following: (i) Safe management techniques. (ii) ADL's and IADL's. (iii) Personal hygiene. (iv) Care of residents with dementia, mental illness, cognitive impairments, mental retardation and other mental disabilities. (v) The normal aging-cognitive, psychological and functional abilities of individuals who are older. (vi) Implementation of the initial assessment, annual assessment and support plan. (vii) Nutrition, food handling				

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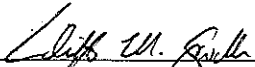
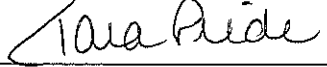
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and sanitation. (viii) Recreation, socialization, community resources, social services and activities in the community. (ix) Gerontology. (x) Staff person supervision, if applicable. (xi) Care and needs of residents with special emphasis on the residents being served in the home. (xii) Safety management and hazard prevention. (xiii) Universal precautions. (xiv) These regulations. (xv) Infection control. (xvi) Care for individuals with				

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
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mobility needs, such as prevention of decubitus ulcers (bed sores), incontinence, malnutrition and dehydration, if applicable to the residents served in the home.				

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66b The staff training plan shall include training aimed at improving the knowledge and skills of the home's direct care staff persons in carrying out their job responsibilities. The staff training plan shall include the following: (1) The name, position and duties of each direct care staff person. (2) The required training courses for each staff person. (3) The dates, times and locations of the scheduled training for each staff person	The home's staff training plan does not include (1) The name, position and duties of each direct care staff person; and (3) The times and locations of the scheduled training for each staff person for the upcoming year.	3/1/12	THE 2012 STAFF TRAINING PLAN HAS BEEN AMENDED TO INCLUDE THE NAMES, POSITIONS, AND DUTIES OF EACH STAFF PERSON. IT ALSO INCLUDES THE TIMES AND LOCATIONS OF EACH SCHEDULED TRAINING. THE REVISED TRAINING SCHEDULE IS ATTACHED AND LABELED "ATTACHMENT C."	 03/28/12

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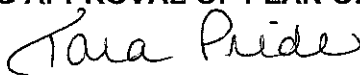
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for the upcoming year.				

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85a Sanitary conditions shall be maintained.	On February 28, 2012 in the bathroom located across the hall from resident bedroom #8, the bath mat was observed to be stained and soiled with black spots.	3/15/12	The STAINED MAT WAS DISCARDED ON 2/28/12 BY DIRECT CARE STAFF. NEW MATS WERE PURCHASED BY THE ADMINISTRATOR ON 3/15/12 AND PLACED IN THE BATHROOM. A COPY OF THE RECEIPT IS ATTACHED AND IS LABELED "ATTACHMENT D." CHECKING THE STATUS OF THE BATHMATS HAS BEEN ADDED TO THE HOME'S WEEKLY SAFETY CHECK. A COPY OF THE UPDATED SAFETY CHECK IS ALSO ATTACHED AND IS LABELED "ATTACHMENT E."	JP 03/28/12

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93a Each ramp, interior stairway and outside steps shall have a well-secured handrail.	<p>The doorway from the dining room leading to the kitchen has a 3-inch step with no handrail.</p> <p>The exit door leading from the dining room to the outside has a square 4 ft. x 4 ft. concrete stoop with no handrail. There is a drop of approximately 1 foot.</p> <p>The front of the home next to the main entrance to the right facing the home has a square 4 ft. x 4 ft. concrete stoop with no handrail. There is a drop of approximately 1 foot.</p> <p>Repeated violation – 11/17/2010</p>	3/21/12	<p>THE ADMINISTRATOR PLACED WORK ORDERS ON 3/19/12 TO THE AGENCY'S MAINTENANCE DEPT.</p> <p>ALL 3 HANDRAILS WERE INSTALLED ON 3/21/12.</p> <p>PHOTOS OF ALL 3 HANDRAILS ARE ATTACHED AND ARE LABELED "ATTACHMENT F."</p>	<p><i>JP</i> <u>03/28/12</u></p>

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95 Furniture and equipment shall be in good repair, clean and free of hazards.	Five metal shelves located in the kitchen's large refrigerator are rusted and peeling. Repeated violation – 11/17/2010	4/30/12	THE ADMINISTRATOR PLACED A WORK ORDER ON 3/9/12 TO THE AGENCY'S MAINTENANCE DEPT. TO HAVE NEW SHELVES PURCHASED. A COPY OF THE WORK ORDER IS ATTACHED AND IS LABELED "ATTACHMENT G". THE SHELVES WERE ORDERED ON 3/19/12. A COPY OF THE RECEIPT WILL BE SUBMITTED WHEN THE ORDER ARRIVES. CHECKING THE STATUS OF THE SHELVES HAS BEEN ADDED TO THE HOME'S WEEKLY SAFETY CHECK.	<i>JP</i> 03/28/12

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100a The exterior of the building and the building grounds or yard shall be in good repair and free of hazards.	The second and third floor fire escape has peeling paint on the steps and railing. The paint chips are rough to the touch, creating a potential cutting hazard to hands.	4/30/12	<p>THE ADMINISTRATOR PLACED A WORK ORDER ON 3/9/12 WITH THE AGENCY'S MAINTENANCE DEPT. A COPY OF THE WORK ORDER IS ATTACHED AND IS LABELED "ATTACHMENT H."</p> <p>PHOTO VERIFICATION WILL BE COMPLETED AND PROVIDED WHEN THE JOB IS DONE.</p> <p>THE STATUS OF THE FIRE ESCAPE HAS ALSO BEEN ADDED TO THE HOME'S QUARTERLY SAFETY INSPECTION.</p> <p>A COPY OF THE QUARTERLY SAFETY INSPECTION IS ATTACHED AND IS LABELED "ATTACHMENT I."</p>	<p>Photos have been taken to correct violation; full compliance is not verifiable</p> <p><i>[Signature]</i> Date Initials (DPW)</p>

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
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101r Window coverings shall be clean, in good repair, provide privacy and cover the entire window when drawn.	The window blinds in resident bedroom #5 are in disrepair; the blinds do not provide privacy and cover the entire window when drawn.	2/29/12	MAINTENANCE STAFF DISPOSED OF THE BROKEN BLINDS ON 2/29/12. NEW BLINDS WERE PURCHASED BY MAINTENANCE STAFF AND INSTALLED ON 2/29/12. PROOF OF PURCHASE IS ATTACHED AND LABELED "ATTACHMENT J." CHECKING THE CONDITION OF THE BLINDS HAS ALSO BEEN ADDED TO THE HOME'S WEEKLY SAFETY CHECKLIST.	<i>JP</i> <u>03/28/12</u>

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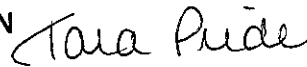
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103f Food requiring refrigeration shall be stored at or below 40°F. Frozen food shall be kept at or below 0°F. Thermometers shall be required in refrigerators and freezers.	On February 28, 2012 at 2:00 pm, the temperature in the upright freezer located in the storage room/garage measured 9°F. The chest freezer located in the storage room/garage did not have a thermometer. Repeated violation – 11/17/2010	3/15/12	THE FOOD SERVICES COORDINATOR DISPOSED OF THE BROKEN THERMOMETER AND NEW THERMOMETERS WERE PURCHASED BY THE ADMINISTRATOR ON 3/15/12. THE THERMOMETERS WERE ALSO PLACED IN EACH FREEZER ON 3/15/12. THE THERMOMETERS NOW READ -2°C. A COPY OF THE RECEIPT FOR THE THERMOMETERS IS ATTACHED AND LABELED "ATTACHMENT K."	 <u>03/28/12</u>

Class of Violation	Time Period for Correction (from receipt of Violation Report)
I	24 hours
II	5 calendar days
III	15 calendar days

VIOLATION REPORT
PERSONAL CARE HOMES – 55 Pa.Code Chapter 2600

NAME AND ADDRESS OF PERSONAL CARE HOME Carelink Community Support Services – Torrey House 3520 Darby Road, Haverford, Pennsylvania 19041		CURRENT LICENSE NUMBER 100070	
INSPECTION DATE(S) (Include all dates of the inspection) February 28, 2012		REGIONAL REPRESENTATIVE Tara Pride, Lori Gensil	
SIGNATURE OF LEGAL ENTITY 	DATE 3/22/12	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION 	DATE 03/28/12

1 REGULATION 55 Pa.Code § 2600.	2 VIOLATION/CLASS	3 DATE BY WHICH CORRECTION WILL BE COMPLETED	4 PLAN OF CORRECTION (include a step-by-step plan to correct the specific violation, as well as a plan to assure the violation does not recur)	5 DATE COMPLIANCE VERIFIED BY DPW
133a1 If the home serves nine or more residents, signs bearing the word "EXIT" in plain legible letters shall be placed at all exits.	There is no exit sign over the second floor resident lounge exit door. The home currently serves 16 residents.	2/29/12	MAINTENANCE STAFF PLACED AN EXIT SIGN AT THE SECOND FLOOR RESIDENT LOUNGE EXIT DOOR. A PHOTO OF THE SIGN IS ATTACHED AND IS LABELED "ATTACHMENT L". CHECKING FOR PROPER EXIT SIGNS IS ALSO ON THE HOME'S QUARTERLY SAFETY INSPECTION.	GP <u>03/28/12</u>

Class of Violation	Time Period for Correction (from receipt of Violation Report)
I	24 hours
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VIOLATION REPORT
PERSONAL CARE HOMES – 55 Pa.Code Chapter 2600

NAME AND ADDRESS OF PERSONAL CARE HOME Carelink Community Support Services – Torrey House 3520 Darby Road, Haverford, Pennsylvania 19041		CURRENT LICENSE NUMBER 100070	
INSPECTION DATE(S) (Include all dates of the inspection) February 28, 2012		REGIONAL REPRESENTATIVE Tara Pride, Lori Gensil	
SIGNATURE OF LEGAL ENTITY <i>[Signature]</i>	DATE 3/22/12	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>Tara Pride</i>	DATE 03/28/12

1 REGULATION 55 Pa.Code § 2600.	2 VIOLATION/CLASS	3 DATE BY WHICH CORRECTION WILL BE COMPLETED	4 PLAN OF CORRECTION (include a step-by-step plan to correct the specific violation, as well as a plan to assure the violation does not recur)	5 DATE COMPLIANCE VERIFIED BY DPW
144c A home that permits smoking inside or outside of the home shall develop and implement written fire safety policy and procedures. The written fire safety policy and procedures shall include proper safeguards inside and outside of the home to prevent fire hazards involved in smoking, including extinguishing procedures.	The home permits smoking outside on the patio. The home's written fire safety procedures related to smoking do not include proper extinguishing procedures and the location of the designated smoking area. There were a significant amount of cigarette butts on the ground in the outside designated smoking area; residents are not using proper extinguishing procedures.	3/5/12 3/21/12	THE ADMINISTRATOR REVISED THE HOME'S FIRE SAFETY POLICY TO INCLUDE PROPER EXTINGUISHING PROCEDURES AND THE LOCATION OF THE DESIGNATED SMOKING AREA. A COPY OF THE REVISED POLICY IS ATTACHED AND IS LABELED "ATTACHMENT M". THE OUTSIDE SMOKING AREA WAS CLEARED OF CIGARETTE BUTTS. CLEANING THE DESIGNATED SMOKING AREA IS INCLUDED ON THE HOME'S WEEKLY FACILITY SAFETY CHECKLIST. DURING A GROUP MEETING ON 3/21/12, DIRECT CARE STAFF EDUCATED THE RESIDENTS ON PROPER EXTINGUISHING PROCEDURES AND GENERAL FIRE SAFETY. A COPY OF THE MINUTES IS ATTACHED AND IS LABELED "ATTACHMENT N".	 JP 03/28/12

Class of Violation	Time Period for Correction (from receipt of Violation Report)
I	24 hours
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**VIOLATION REPORT
PERSONAL CARE HOMES – 55 Pa.Code Chapter 2600**

NAME AND ADDRESS OF PERSONAL CARE HOME Carelink Community Support Services – Torrey House 3520 Darby Road, Haverford, Pennsylvania 19041		CURRENT LICENSE NUMBER 100070	
INSPECTION DATE(S) (Include all dates of the inspection) February 28, 2012		REGIONAL REPRESENTATIVE Tara Pride, Lori Gensil	
SIGNATURE OF LEGAL ENTITY <i>Cliff W. Gault</i>	DATE 3/22/12	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>Tara Pride</i>	DATE 03/28/12

1 REGULATION 55 Pa.Code § 2600.	2 VIOLATION/CLASS	3 DATE BY WHICH CORRECTION WILL BE COMPLETED	4 PLAN OF CORRECTION (include a step-by-step plan to correct the specific violation, as well as a plan to assure the violation does not recur)	5 DATE COMPLIANCE VERIFIED BY DPW
184a The original container for prescription medications shall be labeled with a pharmacy label that includes the following: (1) The resident's name. (2) The name of the medication. (3) The date the prescription was issued. (4) The prescribed dosage and instructions for administration. (5) The name and title of the prescriber.	The Bisacodyl 10 mg suppositories found in a plastic sealed bag do not have a label.	2/28/12	THE PROGRAM COORDINATOR DISPOSED OF THE EXPIRED MEDICATIONS ON 2/28/12. A COPY OF THE DISPOSAL SHEET IS ATTACHED AND IS LABELED "ATTACHMENT C". THE ADMINISTRATOR REVISED THE PRN MAR SHEETS TO INCLUDE THE MEDICATION EXPIRATION DATE. THIS PROCESS WILL ENSURE THAT ALL PRN MESS WILL BE AVOIDED ON A MONTHLY BASIS. A COPY OF THE REVISED PRN SHEET IS ATTACHED AND IS LABELED "ATTACHMENT P".	JP <u>03/28/12</u>

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VIOLATION REPORT
PERSONAL CARE HOMES – 55 Pa.Code Chapter 2600

NAME AND ADDRESS OF PERSONAL CARE HOME Carelink Community Support Services – Torrey House 3520 Darby Road, Haverford, Pennsylvania 19041		CURRENT LICENSE NUMBER 100070	
INSPECTION DATE(S) (Include all dates of the inspection) February 28, 2012		REGIONAL REPRESENTATIVE Tara Pride, Lori Gensil	
SIGNATURE OF LEGAL ENTITY <i>Cliff M. Smith</i>	DATE 3/22/12	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>Tara Pride</i>	DATE 03/28/12

1 REGULATION 55 Pa.Code § 2600.	2 VIOLATION/CLASS	3 DATE BY WHICH CORRECTION WILL BE COMPLETED	4 PLAN OF CORRECTION (include a step-by-step plan to correct the specific violation, as well as a plan to assure the violation does not recur)	5 DATE COMPLIANCE VERIFIED BY DPW
185b At a minimum, the procedures in 185a shall include: (1) Documentation of the receipt of controlled substances and prescription medications. (2) A process to investigate and account for missing medications and medication errors. (3) Limited access to medication storage areas. (4) Documentation of the administration of prescription medications, OTC medications and CAM for residents who	The home's procedures for the safe use of medications and medical equipment do not include (2) A process to investigate and account for missing medications.	3/9/12	THE HOME'S PROCEDURES FOR THE SAFE USE OF MEDICATIONS AND MEDICAL EQUIPMENT WERE AMENDED BY THE ADMINISTRATOR AND NOW CONTAIN A PROCESS TO ACCOUNT FOR AND INVESTIGATE MISSING MEDICATIONS. A COPY OF THE UPDATED POLICY IS ATTACHED AND IS LABELED "ATTACHMENT G".	JP 03/28/12

Class of Violation	Time Period for Correction (from receipt of Violation Report)
I	24 hours
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III	15 calendar days

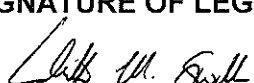

**VIOLATION REPORT
PERSONAL CARE HOMES – 55 Pa.Code Chapter 2600**

NAME AND ADDRESS OF PERSONAL CARE HOME Carelink Community Support Services – Torrey House 3520 Darby Road, Haverford, Pennsylvania 19041		CURRENT LICENSE NUMBER 100070	
INSPECTION DATE(S) (Include all dates of the inspection) February 28, 2012		REGIONAL REPRESENTATIVE Tara Pride, Lori Gensil	
SIGNATURE OF LEGAL ENTITY <i>[Signature]</i>	DATE 3/22/12	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>Tara Pride</i>	DATE 03/28/12

1 REGULATION 55 Pa.Code § 2600.	2 VIOLATION/CLASS	3 DATE BY WHICH CORRECTION WILL BE COMPLETED	4 PLAN OF CORRECTION (include a step-by-step plan to correct the specific violation, as well as a plan to assure the violation does not recur)	5 DATE COMPLIANCE VERIFIED BY DPW
receive medication administration services or assistance with self-administration. This requirement does not apply for a resident who self-administers his medication without the assistance of a staff person and stores his medication in his/her room.				

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VIOLATION REPORT
PERSONAL CARE HOMES – 55 Pa.Code Chapter 2600

NAME AND ADDRESS OF PERSONAL CARE HOME Carelink Community Support Services – Torrey House 3520 Darby Road, Haverford, Pennsylvania 19041		CURRENT LICENSE NUMBER 100070	
INSPECTION DATE(S) (Include all dates of the inspection) February 28, 2012		REGIONAL REPRESENTATIVE Tara Pride, Lori Gensil	
SIGNATURE OF LEGAL ENTITY 	DATE 3/22/12	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION 	DATE 03/28/12

1 REGULATION 55 Pa.Code § 2600.	2 VIOLATION/CLASS	3 DATE BY WHICH CORRECTION WILL BE COMPLETED	4 PLAN OF CORRECTION (include a step-by-step plan to correct the specific violation, as well as a plan to assure the violation does not recur)	5 DATE COMPLIANCE VERIFIED BY DPW
187a A medication record shall be kept to include the following for each resident for whom medications are administered: (1) Resident's name. (2) Drug allergies. (3) Name of medication. (4) Strength. (5) Dosage form. (6) Dose. (7) Route of administration. (8) Frequency of administration. (9) Administration times. (10) Duration of therapy, if applicable.	The medication administration record for Resident 1's Ketoconazole cream does not include (4) Strength.	2/28/12	THE PROGRAM COORDINATOR HAS ADDED THE STRENGTH OF THE MEDICATION TO THE PRN MAR SHEET. A COPY OF THE REVISED MAR SHEET IS ATTACHED AND IS LABELED "ATTACHMENT R."	JP 03/28/12

Class of Violation	Time Period for Correction (from receipt of Violation Report)
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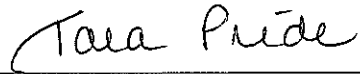
VIOLATION REPORT
PERSONAL CARE HOMES – 55 Pa.Code Chapter 2600

NAME AND ADDRESS OF PERSONAL CARE HOME Carelink Community Support Services – Torrey House 3520 Darby Road, Haverford, Pennsylvania 19041		CURRENT LICENSE NUMBER 100070	
INSPECTION DATE(S) (Include all dates of the inspection) February 28, 2012		REGIONAL REPRESENTATIVE Tara Pride, Lori Gensil	
SIGNATURE OF LEGAL ENTITY <i>Cliff M. Smith</i>	DATE 3/22/12	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>Tara Pride</i>	DATE 03/28/12

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(11) Special precautions, if applicable. (12) Diagnosis or purpose for the medication, including pro re nata (PRN). (13) Date and time of medication administration. (14) Name and initials of the staff person administering the medication.				

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PERSONAL CARE HOMES – 55 Pa.Code Chapter 2600**

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223a The home shall have a current written description of services and activities that the home provides including the following: (1) The scope and general description of the services and activities that the home provides. (2) The criteria for admission and discharge. (3) Specific services that the home does not provide, but will arrange or coordinate.	The home's current written description of services and activities at the home does not include (2) The criteria for admission and discharge, and (3) Specific services that the home does not provide, but will arrange or coordinate.	3/14/12	THE HOME'S CURRENT WRITTEN DESCRIPTION OF SERVICES AND ACTIVITIES AT THE HOME HAS BEEN REVISED, BY THE ADMINISTRATOR, TO INCLUDE THE CRITERIA FOR ADMISSION AND DISCHARGE, AS WELL AS A LISTING OF SPECIFIC SERVICES THAT THE HOME DOES NOT PROVIDE, BUT WILL ARRANGE OR COORDINATE. A COPY OF THE REVISED POLICY IS ATTACHED AND IS LABELED "ATTACHMENT 5".	JP 03/28/12

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223b The home shall develop written procedures for the delivery and management of services from admission to discharge.	The home does not have written procedures for the delivery and management of services from admission to discharge.	3/16/12	THE HOME'S PROGRAM DESCRIPTION WAS AMENDED BY THE ADMINISTRATOR TO INCLUDE WRITTEN PROCEDURES FOR THE DELIVERY AND MANAGEMENT OF SERVICES FROM ADMISSION TO DISCHARGE. A COPY OF THE REVISED PROGRAM DESCRIPTION IS ATTACHED AND IS LABELED "ATTACHMENT T."	<i>JP</i> 03/28/12